

 0000314449 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	State File # <b>2018 035952</b>
Information necessary for the Certificate of Death has been completed for:			
<b>DECEDENT</b>	Decedent Name <b>CIPRIANO JR, ENIO G</b>		
	Place of Death <b>110 MAIN STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>AUGUST 04, 2018</b>		Date of Birth <b>SEPTEMBER 07, 1929</b> Sex <b>MALE</b>
	Residence <b>110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) _____ Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____		
<b>CERTIFIER</b>	Certifier <b>JOANN SUNA, MD</b> Lic # <b>74958</b>		
	Addr. <b>307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760</b>		
	Immediate Cause of Death <b>DEMENTIA</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>AUGUST 09, 2018</b>
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
<b>PERMIT</b>	<b>Registry of Vital Records and Statistics</b>		<b>Board of Health/Agent for: SOUTHBOROUGH</b>
	State Tracking # <b>035952</b>		Local Permit # <b>18-8</b>
	Date <b>AUGUST 07, 2018</b>		Date <b>AUGUST 07, 2018</b> Name of Agent <b>JAMES F. HEGARTY</b>
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY, 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 13, LOT 31, GRV#5</b>		Signature 
	Disposition Type <b>FULL BURIAL</b>	Date of Disposition <b>AUG. 9, 2018</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GULLER - DEPUTY</b>

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000312857

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 034685

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	DEAN , RONALD KENNETH		
	Place of Death	71 FLAGG ROAD, SOUTHBOROUGH, MA		
	Date of Death	JULY 29, 2018	Date of Birth	DECEMBER 24, 1939
	Sex	MALE		
	Residence	71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	Certifier	MATTHEW J BEAN, MD		
	Addr.	24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772		
CERTIFIER	Immediate Cause of Death	INTERSTITIAL LUNG DISEASE		
	Lic #	224284		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	DAVID A CASPER	Lic #	6562
	Facility.	CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	JULY 31, 2018
	Place/Address	BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184		

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	034685	Local Permit #	E-PERMIT
	Date	JULY 31, 2018	Date	---
	Name of Agent	---		

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184	X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee	
Cremation	AUG 01 2018	Gerald M. Ridge, Jr. - President	


## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#69419


 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2018 031408</b> <b>RECEIVED</b> HEALTH SERVICES OFFICE	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>IAMSON II, LAURENCE EDWARD</b> <b>SOUTHBOROUGH, MA</b>				
	Place of Death <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 05, 2018</b>		Date of Birth <b>JUNE 08, 1941</b>		Sex <b>MALE</b>
	Residence <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>NAHIDA ISLAM, MD</b> <b>Lic # 296494</b>				
	Addr. <b>157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>				
	Immediate Cause of Death <b>LIVER FAILURE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> <b>Lic # 30277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 10, 2018</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>031408</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>JULY 09, 2018</b>		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>X John H. Cobill</b>		
	Disposition Type <b>Cremation</b>	Date of Disposition <b>JUL 11 2018</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000312857 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2018 034685</b>		
<b>Information necessary for the Certificate of Death has been completed for:</b>						
<b>DECEDENT</b>	Decedent Name <b>DEAN , RONALD KENNETH</b>					
	Place of Death <b>71 FLAGG ROAD, SOUTHBOROUGH, MA</b>					
	Date of Death <b>JULY 29, 2018</b>		Date of Birth <b>DECEMBER 24, 1939</b>		Sex <b>MALE</b>	
	Residence <b>71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>					
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____					
<b>CERTIFIER</b>	Certifier <b>MATTHEW J BEAN, MD</b> Lic # <b>224284</b> Addr. <b>24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772</b>					
	Immediate Cause of Death <b>INTERSTITIAL LUNG DISEASE</b>					
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>						
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>DAVID A CASPER</b> Lic # <b>6562</b> Facility. <b>CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>JULY 31, 2018</b> Place/Address <b>BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184</b>					
	<b>Endorsements</b>					
	<b>PERMIT</b>	Registry of Vital Records and Statistics State Tracking # <b>034685</b> Date <b>JULY 31, 2018</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>18-8</b> Date <b>JULY 31, 2018</b> Name of Agent <b>JAMES F. HEGARTY</b>		
		<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
Place of Disposition (Facility Name and Address)		Signature  <div style="text-align: center;">X</div>				
<b>CONFIRMATION</b>	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000308003

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 031408

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>LAMSON II, LAURENCE EDWARD</b>		
	Place of Death <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JULY 05, 2018</b>	Date of Birth <b>JUNE 08, 1941</b>	Sex <b>MALE</b>
	Residence <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>NAHIDA ISLAM, MD</b> Lic # <b>296494</b>		
	Addr. <b>157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>		
	Immediate Cause of Death <b>LIVER FAILURE</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>JULY 10, 2018</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>031408</b>	Local Permit # <b>18-7</b>	
	Date <b>JULY 09, 2018</b>	Date <b>JULY 10, 2018</b> Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:



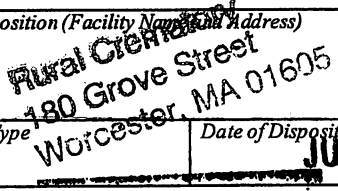
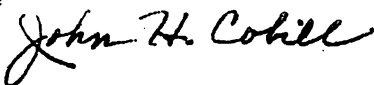
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

69333

				Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2018 029312</b>	
0000305235 Form R-309 07012014							
<b>Information necessary for the Certificate of Death has been completed for:</b>							
DECEDENT	Decedent Name <b>QI, XIANGQIAN</b>						
	Place of Death <b>3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA</b>						
	Date of Death <b>JUNE 22, 2018</b>			Date of Birth <b>NOVEMBER 23, 1947</b>		Sex <b>MALE</b>	
	Residence <b>3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>						
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>						
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____						
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____		
	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b>						
	Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>						
	Immediate Cause of Death <b>METASTATIC SQUAMOUS CELL LUNG CANCER</b>						
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>							
DISPOSITION	Funeral Licensee/Designee <b>RICHARD D. COLLINS</b> Lic # <b>6312</b>						
	Facility. <b>FITZGERALD &amp; COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b>						
	Disposition Type <b>CREMATION</b>			Date of Disposition <b>JUNE 26, 2018</b>			
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>						
<b>Endorsements</b>							
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>			
	State Tracking # <b>029312</b>			Local Permit # <b>E-PERMIT</b>			
	Date <b>JUNE 25, 2018</b>			Date _____ Name of Agent _____			
CONFIRMATION	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>						
	Place of Disposition (Facility Name and Address) 				Signature 		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JUN 27 2018</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

### Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000302926

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 027817

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAVANAUGH , ALICE MARIE		
	Place of Death	8 MIDDLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	JUNE 12, 2018	Date of Birth	JANUARY 20, 1920
	Sex	FEMALE		
	Residence	8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
CERTIFIER	Certifier		ASHRAF ELKERM, MD	
	Addr.		370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453	
	Immediate Cause of Death		CONGESTIVE HEART FAILURE	

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic #	50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	JUNE 16, 2018
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	027817	Local Permit #	18-5
	Date	JUNE 15, 2018	Date	JUNE 18, 2018
			Name of Agent	JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000302926

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 027817

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>KAVANAUGH , ALICE MARIE</b>		
	Place of Death <b>8 MIDDLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JUNE 12, 2018</b>	Date of Birth <b>JANUARY 20, 1920</b>	Sex <b>FEMALE</b>
	Residence <b>8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent)		Rank/organization/outfit(most recent)
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)
CERTIFIER	Certifier <b>ASHRAF ELKERM, MD</b> Lic # <b>81917</b>		
	Addr. <b>370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453</b>		
	Immediate Cause of Death <b>CONGESTIVE HEART FAILURE</b>		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>
	Disposition Type <b>BURIAL</b> Date of Disposition <b>JUNE 16, 2018</b>
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>027817</b>	Local Permit # <b>E-PERMIT</b>
	Date <b>JUNE 15, 2018</b>	Date <b>---</b>
		Name of Agent <b>---</b>

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY, 11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. 12, LOT 29, GRANT</b>	Signature 
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>JUNE 16, 2018</b>
	Name of Superintendent of Authorized Designees <b>BRIDGET A. GILBERT, DECEASED</b>	

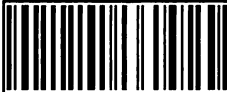
## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000297274

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 023610

Information necessary for the Certificate of Death has been completed for:

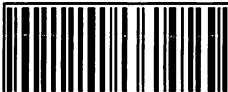
DECEDENT	Decedent Name	KAUR , SHUBJEET ---						
	Place of Death	4 ROCK SPRING LANE, SOUTHBOROUGH, MA						
	Date of Death	MAY 18, 2018	Date of Birth	AUGUST 17, 1959	Sex	FEMALE		
	Residence	4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772						
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) --- Rank/organization/outfit(most recent) --- Date entered(most recent) --- Date Discharged (most recent) --- Service Number(most recent) ---							
CERTIFIER	Certifier	ANN H. PARTRIDGE, MD				Lic #	157028	
	Addr.	450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215						
	Immediate Cause of Death	METASTATIC BREAST CANCER						
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Funeral Licensee/ Designee	WAYNE F. BRASCO					Lic #	5445
	Facility.	BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS						
	Disposition Type	CREMATION					Date of Disposition	MAY 21, 2018
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459						
Endorsements								
PERMIT	Registry of Vital Records and Statistics				Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking # 023610				Local Permit # 18-4			
	Date MAY 21, 2018				Date MAY 22, 2018 Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Disposition (Facility Name and Address)				Signature			
					X			
Disposition Type		Date of Disposition		Name of Superintendent or Authorized Designee:				

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000297274

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 023610

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAUR , SHUBJEET ---		
	Place of Death	4 ROCK SPRING LANE, SOUTHBOROUGH, MA		
	Date of Death	MAY 18, 2018	Date of Birth	AUGUST 17, 1959
	Sex	FEMALE		
	Residence	4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---	---	
	Certifier	ANN H. PARTRIDGE, MD		Lic # 157028
CERTIFIER	Addr.	450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
	Immediate Cause of Death	METASTATIC BREAST CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	WAYNE F. BRASCO	Lic # 5445
	Facility	BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition MAY 21, 2018
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 023610	Local Permit # E-PERMIT
	Date MAY 21, 2018	Date --- Name of Agent ---
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Date of Disposition	Name of Superintendent or Authorized Designee:

Place of Disposition (Facility Name and Address): *Newton Crematory, 791 Walnut St., Newton, MA 02459*  
 Date of Disposition: *5-21-18*  
 Disposition Type: *Cremation*  
 Signature: *May Ann Brasco*  
 Name of Superintendent or Authorized Designee: *May Ann Brasco*



## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

9/26/2018 4g. 441 SEC. B-WEST, LOT 42, GRV#2, MARISSA, FUNERAL HOME

				Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # <b>2018 014337</b>		
0000284351 Form R-309 07012014		<b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>				<b>RECEIVED</b> TOWN CLERK'S OFFICE 2018 APR -2 P 3:09		
<b>Information necessary for the Certificate of Death has been completed for:</b>								
<b>DECEDENT</b>	Decedent Name <b>WARE , MARY LOUISE</b>			SOUTHBOROUGH, MA				
	Place of Death <b>26 GRANUAILE ROAD, SOUTHBOROUGH, MA</b>							
	Date of Death <b>MARCH 22, 2018</b>			Date of Birth <b>JUNE 23, 1917</b>		Sex <b>FEMALE</b>		
	Residence <b>26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>							
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>							
	Branch of military (most recent) —			Rank/organization/outfit(most recent) —				
<b>CERTIFIER</b>	Date entered (most recent) —			Date Discharged (most recent) —		Service Number (most recent) —		
	Certifier <b>PARMENDER SINGH BAGGA, MD</b>			Lic # <b>212258</b>				
	Addr. <b>154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>							
Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>								
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>								
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>			Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>							
	Disposition Type <b>BURIAL</b>			Date of Disposition <b>MARCH 26, 2018</b>				
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>							
<b>Endorsements</b>								
<b>PERMIT</b>	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>				
	State Tracking # <b>014337</b>			Local Permit # <b>E-PERMIT</b>				
	Date <b>MARCH 25, 2018</b>			Date — Name of Agent —				
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>							
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY, 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. B-WEST, LOT 42, GRV#2</b>			Signature <b>X [Signature]</b>				
	Disposition Type <b>FULL EARTH BURIAL</b>		Date of Disposition <b>MARCH 26, 2018</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET H. GILBERT - DEPUTY</b>			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000284331

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 014337

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>WARE , MARY LOUISE</b>		
	Place of Death <b>26 GRANUAILE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>MARCH 22, 2018</b>	Date of Birth <b>JUNE 23, 1917</b>	Sex <b>FEMALE</b>
	Residence <b>26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____		
	Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____		
	Certifier <b>PARMENDER SINGH BAGGA, MD</b> Lic # <b>212258</b>		
	Addr. <b>154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>		
DISPOSITION	Immediate Cause of Death <b>CARDIOPULMONARY ARREST</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
PERMIT	Disposition Type <b>BURIAL</b> Date of Disposition <b>MARCH 26, 2018</b>		
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	Endorsements		
	Registry of Vital Records and Statistics Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
CONFIRMATION	State Tracking # <b>014337</b> Local Permit # <b>18-3</b>		
	Date <b>MARCH 25, 2018</b> Date <b>MARCH 26, 2018</b>		
	Name of Agent <b>JAMES F. HEGARTY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#68394

 0000276456 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>TOWN CLERK'S OFFICE</b> RECEIVED 2018 008608 2018 MAR 14 P 3:26 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>SLOAN, DOROTHY GERTRUDE</b>				
	Place of Death <b>124 MADISON PLACE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>FEBRUARY 17, 2018</b>		Date of Birth <b>JUNE 08, 1930</b>		Sex <b>FEMALE</b>
	Residence <b>124 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent)				
	Rank/organization/outfit (most recent)				
	Date entered (most recent)		Date Discharged (most recent)		Service Number (most recent)
	Certifier <b>SHUBHADA D JAVLEKAR, MD</b> Lic # <b>78905</b>				
	Addr. <b>10010 K SHOPS WAY, NORTHBOROUGH, MASSACHUSETTS 01532</b>				
Immediate Cause of Death <b>ARRHYTHMIA</b>					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensed/Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>FEBRUARY 19, 2018</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>008608</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>FEBRUARY 20, 2018</b>		Date <b>—</b>		
CONFIRMATION	Name of Agent <b>—</b>		Signature		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		x <b>John H. Cobell</b>		
	Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>		Name of Superintendent or Authorized Designee: <b>John H. Cobell</b>		
Disposition Type <b>cremation</b>		Date of Disposition <b>FEB 23 2018</b>			

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000271299

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 005230

RECEIVED  
TOWN CLERK'S OFFICE

2018 FEB -9 A 10:59

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ROY , ROBERT DAVID			SOUTHBOROUGH, MA	
	Place of Death	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA				
	Date of Death	JANUARY 29, 2018	Date of Birth	FEBRUARY 17, 1938	Sex	MALE
	Residence	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
CERTIFIER	Branch of military (most recent)	---				
	Rank/organization/outfit (most recent)	---				
	Date entered (most recent)	---		Date Discharged (most recent)	---	
	Service Number (most recent)	---				
	Certifier	MANDIRA RAY, MD		Lic # 226763		
CERTIFIER	Addr. 133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215					
	Immediate Cause of Death CORTICOBASAL DEGENERATION					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	BRUCE SCHLOSSBERG	Lic # 5684
	Facility	STANETSKY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition FEBRUARY 01, 2018
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 005230	Local Permit # E-PERMIT
	Date JANUARY 31, 2018	Date ---
		Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	Newton Crematory 791 Walnut St. Newton, MA 02459	Mary Ann Buas
	Disposition Type Cremation	Date of Disposition 2-2-2018
		Name of Superintendent or Authorized Designee:

## Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000271299

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 005230

Information necessary for the Certificate of Death has been completed for:

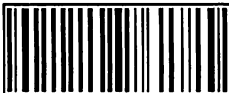
DECEDENT	Decedent Name <b>ROY , ROBERT DAVID</b>		
	Place of Death <b>49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>JANUARY 29, 2018</b>	Date of Birth <b>FEBRUARY 17, 1938</b>	Sex <b>MALE</b>
	Residence <b>49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged(most recent) ---	Service Number(most recent) ---
	Certifier <b>MANDIRA RAY, MD</b> Lic # <b>226763</b>		
	Addr. <b>133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>		
CERTIFIER	Immediate Cause of Death <b>CORTICOBASAL DEGENERATION</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee <b>BRUCE SCHLOSSBERG</b> Lic # <b>5684</b>		
	Facility <b>STANETSKY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>FEBRUARY 01, 2018</b>
	Place/Address <b>NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>005230</b>	Local Permit # <b>18-1</b>	
	Date <b>JANUARY 31, 2018</b>	Date <b>FEBRUARY 01, 2018</b>	
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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0000322764

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 041731

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>CLASBY JR, CHESTER F</b>		
	Place of Death <b>202 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>SEPTEMBER 12, 2018</b>	Date of Birth <b>MAY 22, 1937</b>	Sex <b>MALE</b>
	Residence <b>202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>VIETNAM</b>		
CERTIFIER	Branch of military (most recent) <b>ARMY</b>		Rank/organization/outfit (most recent) <b>SP5 E5 / INF</b>
	Date entered (most recent) <b>DECEMBER 15, 1959</b>	Date Discharged (most recent) <b>DECEMBER 14, 1965</b>	Service Number (most recent) <b>NG21329503</b>
	Certifier <b>ZOFIA PIOTROWSKA, MD</b>		Lic # <b>245656</b>
	Addr. <b>32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114</b>		
	Immediate Cause of Death <b>LUNG CANCER</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>WILLIAM H URQUHART</b>		Lic # <b>1040</b>
	Facility <b>MACDONALD, ROCKWELL &amp; MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>SEPTEMBER 18, 2018</b>
	Place/Address <b>SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>041731</b>	Local Permit # <b>18-10</b>	
	Date <b>SEPTEMBER 15, 2018</b>	Date <b>SEPTEMBER 18, 2018</b>	
		Name of Agent <b>JAMES F. HEGARTY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000322764

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 041731

RECEIVED

FURNACE OFFICE

2018 SEP 21 A 11:05

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	CLASBY JR, CHESTER F			SOUTHBOROUGH, MA	
	Place of Death	202 PARKERVILLE ROAD, SOUTHBOROUGH, MA				
	Date of Death	SEPTEMBER 12, 2018	Date of Birth	MAY 22, 1937	Sex MALE	
	Residence	202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)					
	VIETNAM					
	Branch of military (most recent)		Rank/organization/outfit(most recent)			
	ARMY		SP5 E5 / INF			
	Date entered(most recent)		Date Discharged(most recent)	Service Number(most recent)		
	DECEMBER 15, 1959		DECEMBER 14, 1965	NG21329503		
CERTIFIER	Certifier	ZOFIA PIOTROWSKA, MD			Lic # 245656	
	Addr.	32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114				
	Immediate Cause of Death	LUNG CANCER				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	WILLIAM H URQUHART	Lic # 1040
	Facility	MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition SEPTEMBER 18, 2018
	Place/Address	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 041731	Local Permit # E-PERMIT
	Date SEPTEMBER 15, 2018	Date ---
		Name of Agent ---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
	RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MA 01772 SEC. 11, GRV# 310	X
	Disposition Type	Date of Disposition
	FULL EARTH BURIAL	SEPT. 18, 2018
	Name of Superintendent or Authorized Designee: BRIDGET H. DILLANEY - DECEASED	


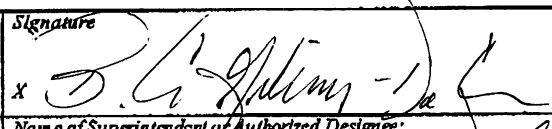
## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#69419

 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL          OR TRANSPORTATION          PERMIT</b>		State File # <b>2018 031408</b>	RECEIVED TOWN OFFICE 2018 SEP 28 P 12:10 SOUTHBOROUGH, MA
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>LAMSON II, LAURENCE EDWARD</b>				
	Place of Death <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>JULY 05, 2018</b>		Date of Birth <b>JUNE 08, 1941</b>		Sex <b>MALE</b>
	Residence <b>96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/unit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>NAHIDA ISLAM, MD</b> Lic # <b>296494</b>				
	Addr. <b>157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752</b>				
	Immediate Cause of Death <b>LIVER FAILURE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>NANCY G MORRIS</b> Lic # <b>30277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>JULY 10, 2018</b>		
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics State Tracking # <b>031408</b> Date <b>JULY 09, 2018</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY</b> <b>11 CONDAVILLE RD., SOUTHBOROUGH, MA</b> <b>SEC. 1C, LOT 12, GRAVE 1A</b>		Signature x 		
CONFIRMATION	Disposition Type <b>CREMATION</b>		Date of Disposition <b>SEP 21, 2018</b>		Name of Superintendent or Authorized Designee: <b>BRIDGET H. GILLEVEY - DECEASED</b>

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000331133

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 047422

RECEIVED

OFFICE

2018 OCT 22 P 1:01

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SHAY SR, JOSEPH F</b>		
	Place of Death <b>5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 20, 2018</b>	Date of Birth <b>MARCH 02, 1931</b>	Sex <b>MALE</b>
	Residence <b>5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>KOREA</b>		
CERTIFIER	Branch of military (most recent) <b>ARMY</b>		
	Rank/organization/outfit (most recent) <b>SERGEANT, 9710 TSUDET 1</b>		
	Date entered (most recent) <b>SEPTEMBER 04, 1952</b>	Date Discharged (most recent) <b>SEPTEMBER 04, 1954</b>	Service Number (most recent) <b>51 183 696</b>
	Certifier <b>KAREN-GAIL BRANDSE, MD</b>		
	Lic # <b>153724</b>		
DISPOSITION	Addr. <b>67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760</b>		
	Immediate Cause of Death <b>CARDIAC ARREST</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>HENRY C BOYLE, III</b>		
	Lic # <b>6156</b>		
PERMIT	Facility. <b>BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		
	Date of Disposition <b>OCTOBER 27, 2018</b>		
	Place/Address <b>ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	Endorsements		
CONFIRMATION	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>047422</b>		Local Permit # <b>18-11</b>
	Date <b>OCTOBER 22, 2018</b>		Date <b>OCTOBER 22, 2018</b>
			Name of Agent <b>JAMES F. HEGARTY</b>
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address)		Signature	
		X	
Disposition Type		Date of Disposition	
		Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000332777

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 048966

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MALEY JR, JOHN HENRY</b>		
	Place of Death <b>80 NEWTON STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 27, 2018</b>	Date of Birth <b>AUGUST 01, 1923</b>	Sex <b>MALE</b>
	Residence <b>80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) ---		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>TIFFANY ANNE KOLNIAK, MD</b> Lic # <b>270199</b>		
	Addr. <b>85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	Immediate Cause of Death <b>ACUTE CARDIOPULMONARY FAILURE</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>	Date of Disposition <b>NOVEMBER 02, 2018</b>	
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>048966</b>	Local Permit # <b>18-12</b>	
	Date <b>OCTOBER 30, 2018</b>	Date <b>OCTOBER 30, 2018</b>	
	Name of Agent <b>JAMES F. HEGARTY</b>		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000332777 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>	State File # <b>2018 048966</b>
<b>Information necessary for the Certificate of Death has been completed for:</b>			
<b>DECEDENT</b>	Decedent Name <b>MALEY JR, JOHN HENRY</b>		
	Place of Death <b>80 NEWTON STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 27, 2018</b>		Date of Birth <b>AUGUST 01, 1923</b>
	Sex <b>MALE</b>		
	Residence <b>80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>CERTIFIER</b>	If U.S. veteran, specify war/conflict(s) (most recent) —		
	Branch of military (most recent) —		Rank/organization/outfit (most recent) —
	Date entered (most recent) —		Date Discharged (most recent) —
	Service Number (most recent) —		—
	Certifier <b>TIFFANY ANNE KOLNIAK, MD</b>		
<b>DISPOSITION</b>	Lic # <b>270199</b>		
	Addr. <b>85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701</b>		
	Immediate Cause of Death <b>ACUTE CARDIOPULMONARY FAILURE</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>NOVEMBER 02, 2018</b>
	Place/Address <b>RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>Endorsements</b>			
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>048966</b>		Local Permit # <b>18-12</b>
	Date <b>OCTOBER 30, 2018</b>		Date <b>OCTOBER 30, 2018</b>
		Name of Agent <b>JAMES F. HEGARTY</b>	
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	Place of Disposition (Facility Name and Address) <b>RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 1, LOT 4, GRV #1</b>		Signature 
	Disposition Type <b>FULL EARTH BURIAL</b>	Date of Disposition <b>Nov: 3, 2018</b>	Name of Superintendent or Authorized Designee: <b>BRIDGET A. GIGUERE - DELEND</b>

#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338142

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 052536

RECEIVED

OFFICE

2018 NOV 26 A 8:50

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BEHRENS , ROBERT A		
	Place of Death	21 HARRIS DRIVE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	MARCH 05, 1954
	Sex	MALE		
	Residence	21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit(most recent)	
	---		---	
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
---		---		
CERTIFIER	Certifier	KALINDI MEHTA, MD		
	Addr.	106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death	ALCOHOLIC CIRRHOSIS OF LIVER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JAMES R. BUMA	Lic # 6460
	Facility	BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition NOVEMBER 26, 2018
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	052536	Local Permit #	18-052536
	Date	NOVEMBER 21, 2018	Date	NOVEMBER 26, 2018
			Name of Agent	JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338005

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 052938

RECEIVED  
TOWN CLERK'S OFFICE  
2018 NOV 27 P 1:00  
SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MORGAN , SUZANNE G</b>	
	Place of Death <b>21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA</b>	
	Date of Death <b>NOVEMBER 19, 2018</b>	Date of Birth <b>JUNE 27, 1935</b> Sex <b>FEMALE</b>
	Residence <b>21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____	
	Date entered(most recent) _____	Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier <b>ALAN I GLASER, MD</b> Lic # <b>151413</b>	
	Addr. <b>65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481</b>	
	Immediate Cause of Death <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>		
DISPOSITION	Funeral Licensee/ Designee <b>CYNTHIA F BRYANT</b> Lic # <b>5551</b>	
	Facility. <b>JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS</b>	
	Disposition Type <b>BURIAL</b>	Date of Disposition <b>NOVEMBER 26, 2018</b>
	Place/Address <b>NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUSETTS 01778</b>	
<b>Endorsements</b>		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>052938</b>	Local Permit # <b>18-052938</b>
	Date <b>NOVEMBER 26, 2018</b>	Date <b>NOVEMBER 27, 2018</b> Name of Agent <b>JAMES F. HEGARTY</b>
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature  <b>X</b>
	Disposition Type	Date of Disposition Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338005

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 052938

2018 DEC -4 P 2:52  
SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name	MORGAN, SUZANNE G		
	Place of Death	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	JUNE 27, 1935
	Sex	FEMALE		
	Residence	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
Branch of military (most recent)	Rank/organization/outfit (most recent)			
Date entered (most recent)	Date Discharged (most recent)		Service Number (most recent)	
CERTIFIER	Certifier	ALAN I GLASER, MD		
	Addr.	65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481		
	Immediate Cause of Death	CHRONIC OBSTRUCTIVE PULMONARY DISEASE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	CYNTHIA F BRYANT	Lic # 5551
	Facility	JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	NORTH CEMETERY, OLD SUBURY ROAD, WAYLAND, MASSACHUSETTS 01778	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH
	State Tracking #	052938	Local Permit #
	Date	NOVEMBER 26, 2018	Date
			Name of Agent

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Town of Wayland





0000342706

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 055851

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SARGENT , BETSYE P</b>		
	Place of Death <b>90 VILLAGE PATH, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 11, 2018</b>	Date of Birth <b>NOVEMBER 27, 1939</b>	Sex <b>FEMALE</b>
	Residence <b>30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970</b>		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>GARY RICHARD COHEN, MD</b> Lic # <b>51078</b>		
	Addr. <b>400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970</b>		
CERTIFIER	Immediate Cause of Death <b>LYMPHOMA</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DECEMBER 13, 2018</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>055851</b>	Local Permit # <b>18-055851</b>	
	Date <b>DECEMBER 11, 2018</b>	Date <b>DECEMBER 11, 2018</b>	
CONFIRMATION	Name of Agent <b>JAMES F. HEGARTY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

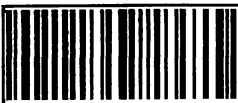
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

7C608



0000342706

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 055851

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SARGENT , BETSYE P</b>		
	Place of Death <b>90 VILLAGE PATH, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 11, 2018</b>	Date of Birth <b>NOVEMBER 27, 1939</b>	Sex <b>FEMALE</b>
	Residence <b>30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
CERTIFIER	Branch of military (most recent) —		Rank/organization/outfit(most recent) —
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier <b>GARY RICHARD COHEN, MD</b>		Lic # <b>51078</b>
	Addr. <b>400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970</b>		
	Immediate Cause of Death <b>LYMPHOMA</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b>		Lic # <b>50277</b>
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DECEMBER 13, 2018</b>	
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Endorsements		
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>055851</b>	Local Permit # <b>E-PERMIT</b>	
	Date <b>DECEMBER 11, 2018</b>	Date — Name of Agent —	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature <b>X</b> <i>John H. Cobill</i>
	Disposition Type <b>Cremation</b>	Date of Disposition <b>DEC 14 2018</b>	Name of Superintendent or Authorized Designee: <b>John H Cobill</b>


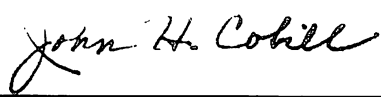
**Acceptance of Permit**

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

70439

 0000338142 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2018 052536</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
DECEDENT	Decedent Name <b>BEHRENS , ROBERT A</b> Place of Death <b>21 HARRIS DRIVE, SOUTHBOROUGH, MA</b> Date of Death <b>NOVEMBER 19, 2018</b> Date of Birth <b>MARCH 05, 1954</b> Sex <b>MALE</b> Residence <b>21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Certifier <b>KALINDI MEHTA, MD</b> Lic # <b>230077</b> Addr. <b>106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581</b>				
	Immediate Cause of Death <b>ALCOHOLIC CIRRHOSIS OF LIVER</b>				
	<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>				
DISPOSITION	Funeral Licensee/ Designee <b>JAMES R. BUMA</b> Lic # <b>6460</b> Facility. <b>BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS</b> Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 26, 2018</b> Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
	<b>Endorsements</b>				
	Registry of Vital Records and Statistics State Tracking # <b>052536</b> Date <b>NOVEMBER 21, 2018</b>		Board of Health/Agent for: <b>SOUTHBOROUGH</b> Local Permit # <b>E-PERMIT</b> Date _____ Name of Agent _____		
			<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
CONFIRMATION	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>		Signature  X		
	Disposition Type <b>Cremation</b>		Date of Disposition <b>NOV 26 2018</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>



#### Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

70484

 0000337867 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File #		2018 052695
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name <b>SZYMCZAK, STASIA BARBARA</b>					
	Place of Death <b>SOUTHBIDGE REHAB AND HEALTH CARE, SOUTHBIDGE, MA</b>					
	Date of Death <b>NOVEMBER 19, 2018</b>		Date of Birth <b>NOVEMBER 20, 1924</b>		Sex <b>FEMALE</b>	
	Residence <b>84 CHAPIN STREET, SOUTHBIDGE, MASSACHUSETTS 01550</b>					
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>					
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____					
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____	
	Certifier <b>MARIA C DUNN, MD</b> Lic # <b>244953</b>					
	Addr. <b>108 THOMPSON ROAD, WEBSTER, MASSACHUSETTS 01570</b>					
	Immediate Cause of Death <b>COMPLICATIONS OF VASCULAR DEMENTIA</b>					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee <b>JOHN P. HICKEY</b> Lic # <b>6889</b>					
	Facility <b>SITKOWSKI AND MALBOEUF FUNERAL HOME, INC., WEBSTER, MASSACHUSETTS</b>					
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 21, 2018</b>			
	Place/Address <b>RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>					
Endorsements						
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBIDGE</b>		
	State Tracking # <b>052695</b>			Local Permit # <b>E-PERMIT</b>		
	Date <b>NOVEMBER 23, 2018</b>			Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery 180 Grove Street Worcester, MA 01605</b>				Signature <b>John H. Cobill</b>	
	Disposition Type <b>Cremation</b>		Date of Disposition <b>NOV 30 2018</b>		Name of Superintendent or Authorized Designee <b>John H. Cobill</b>	

**Acceptance of Permit**

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000344106

Form R-309 07012014



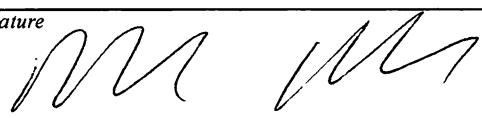
Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2018 057259

OCME CASE # 2018-15691

Information necessary for the Certificate of Death has been completed for:




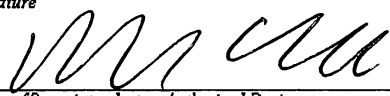
DECEDENT	Decedent Name <b>TSAUR , ANNA ---</b>	
	Place of Death <b>6 LEONARD DRIVE, SOUTHBOROUGH, MA</b>	
	Date of Death <b>DECEMBER 14, 2018</b>	Date of Birth <b>JULY 22, 1966</b> Sex <b>FEMALE</b>
	Residence <b>6 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____	
	Date entered (most recent) _____	Date Discharged (most recent) _____ Service Number (most recent) _____
	Certifier <b>RICHARD J. EVANS, MD</b> Lic # <b>58622</b>	
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>	
	Immediate Cause of Death <b>ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee <b>ROBERT J. LAWLER</b> Lic # <b>5784</b>	
	Facility. <b>LAWLER &amp; CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>DECEMBER 19, 2018</b>
	Place/Address <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>	
	Endorsements	
PERMIT	Registry of Vital Records and Statistics	
	State Tracking # <b>057259</b>	Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	Date <b>DECEMBER 19, 2018</b>	Local Permit # <b>E-PERMIT</b>
CONFIRMATION	Date _____	
	Name of Agent _____	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)  <b>St. Michael Crematory 500 Canterbury Street Boston, MA 02131</b>	Signature  <b>X</b> 
Disposition Type <b>Cremation</b>	Date of Disposition <b>12/20/18</b>	Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>

**Acceptance of Permit**

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		 Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File #	2018 057773
0000345235 Form R-309 07012014		 <b>OR TRANSPORTATION PERMIT</b>			
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>PHILLIPS , JEFFREY H</b>				
	Place of Death <b>5 MOULTON ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>DECEMBER 19, 2018</b>		Date of Birth <b>JULY 01, 1951</b>		Sex <b>MALE</b>
	Residence <b>5 MOULTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. Veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
	Certifier <b>JAMES LEVENSON, MD</b> Lic # <b>152627</b>				
	Addr. <b>330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215</b>				
	Immediate Cause of Death <b>METASTATIC CHOLANGIOCARCINOMA</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee <b>JOHN REEN, III</b> Lic # <b>7066</b>				
	Facility <b>LEHMAN REEN MCNAMARA FUNERAL HOME, BOSTON, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>DECEMBER 26, 2018</b>		
	Place/Address <b>SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>057773</b>		Local Permit # <b>E-PERMIT</b>		
	Date <b>DECEMBER 23, 2018</b>		Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>St. Michael Crematory 500 Canterbury Street Boston, MA 02131</b>			Signature  X 	
	Disposition Type <b>Cremation</b>	Date of Disposition <b>12/27/18</b>		Name of Superintendent or Authorized Designee: <b>Michael D. Sheehan, G.M.</b>	

**Acceptance of Permit**

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